

**RECEIVED
PEACE OFFICER**

NOV 10 2009

**TRAINING COMMISSION
FRANKLIN, OHIO**

RICHARD CORDRAY
OHIO ATTORNEY GENERAL

**Print Form**

**RECEIVED
PEACE OFFICER**

OCT 2 2009

**TRAINING COMMISSION
LONDON, OHIO**

NOTICE OF PEACE OFFICER APPOINTMENT

Complete all blanks. Type or Print Legibly. Enter N/A if not applicable. Complete pages one and two for a new appointment.
Complete only page one for a status change. Email, Fax or Mail this document within 10 days of the appointment or status change.
For Correction to Record information, enter correct information on this form and send a letter explaining the changes.

OFFICER INFORMATION		1. Name (Last) STEWART	(First) CHRISTINA	Middle JAYNA	2. Social Security Number [REDACTED]
3. Alias (Last) N/A					
4. Birth date (mm/dd/yyyy) 08/06/1973	5. Email Address [REDACTED]				
6. Home Mailing Address (#Street/PO Box) 103 SPRINGFIELD ST / P.O. BOX 115		(City) AMSTERDAM	(State) NY	(Zip Code) 43903	(County Name) JEFFERSON
7. Training Academy (Academy Name) (Only complete if this is the officer's first appointment)		(Academy Number)		(Dates of Training)	
EASTERN Ohio Law Enforcement Training Academy				09/07/09	02/15/2009 - 09/09/2009

AGENCY INFORMATION		8. Agency Name AMSTERDAM POLICE DEPT			
9. Agency Email Address N/A		10. Agency Phone Number 740-543-5771			
11. Agency Mailing Address (#Street/PO Box) 103 SPRINGFIELD ST / P.O. BOX 115	(City) AMSTERDAM	(Zip Code) 43903	(County Name) JEFFERSON		

APPOINTMENT INFORMATION (check the appropriate boxes)		12. <input checked="" type="checkbox"/> New Appointment	<input type="checkbox"/> Status Change
13. Appointment Date 10/21/2009	14. Select New Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Auxiliary	<input type="checkbox"/> Reserve	<input type="checkbox"/> Special
<input type="checkbox"/> City/Municipality Full-Time/Part-Time (737.02)	<input type="checkbox"/> City/Municipality Auxiliary/Reserve/Special 737.051)	<input type="checkbox"/> Township Constable (509.01)	
<input type="checkbox"/> Sheriff (311) <input type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<i>over for chief 10/21/09</i>
<input type="checkbox"/> Village Chief (737.15)			
<input type="checkbox"/> Other (Indicate the correct ORC/Charter Number _____)			

ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
15. Signature of Law Enforcement Agency Administrator Gary Pepperling	16. Name and Title GARY PEPPERLING	17. Date 10-21-09		
NOTARY Sworn to and subscribed before me this 21st day of OCTOBER , 2009 in the county of Jefferson , Ohio.				
Ruth Ann Gerine Signature of Notary			My commission expires June 24, 2013	
Affix Seal Here				



Officer Name (Last)
STEWART(First)
CHRISTINA(Middle)
DANIELSocial Security Number
[REDACTED]

18. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Christina Stewart

Signature of Appointee

10-21-09

Date

Gary Pepperling

Signature of Appointing Authority

Gary Pepperling Mayor

Name of Appointing Authority and Title (Type or Print Legibly)

10-21-09

Date

OHIO PEACE OFFICER APPOINTMENT HISTORY
Use additional pages if needed to complete the entire work history.

19. Appointed By (Agency Name and County):	20. From (mm/dd/yyyy):	To (mm/dd/yyyy):
21. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
22. Appointed By (Agency Name and County):	23. From (mm/dd/yyyy):	To (mm/dd/yyyy):
24. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
25. Appointed By (Agency Name and County):	26. From (mm/dd/yyyy):	To (mm/dd/yyyy):
27. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
28. Appointed By (Agency Name and County):	29. From (mm/dd/yyyy):	To (mm/dd/yyyy):
30. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		
31. Appointed By (Agency Name and County):	32. From (mm/dd/yyyy):	To (mm/dd/yyyy):
33. Appointment Status (Check Appropriate Box): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

SF400adm Revised 08/05/2009

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PEACE OFFICER Email: sf400@ohioattorneygeneral.gov



Page 2 of 2

NOV 10 2009

TRAINING COMMISSION
KIRKLAND, OHIOTRAINING COMMISSION
KIRKLAND, OHIO